

## Information from Client

Name: \_\_\_\_\_ Date / time of first appointment: \_\_\_\_\_

Getting to know you and your situation is an important step in the counseling process. You are the most important source of information about you and your life circumstances. Please complete this questionnaire to the best of your ability and bring it with you to your first counseling session. This information will be used by you and your therapist to develop a plan for your services. The information will be kept confidential unless you provide written permission to share it with someone else.

### **The problem(s) you are experiencing:**

1. How would you describe the issues or problem(s) for which you are seeking counseling?
2. For how long have these problems or issues been a concern to you?
3. How have your daily activities been affected?

### **Your perceptions and preferences:**

1. Describe your strengths and resources, individually and in your family?
2. Which persons do you count on most for support in your life?
3. How would you like counseling to be helpful to you?
4. What goals do you have for yourself in the next 12 months?

**You and your family members' experience with mental / emotional issues:**

1. Describe any known instances of mental or emotional problems in your family (be as specific as possible regarding relationships, dates, etc.)
2. Describe any known mental /emotional issues while you were an infant or child.
3. Describe any treatment you received for the conditions mentioned under #2.
4. What prescription medications do you currently take?
5. Check one word below that best describes your physical health:  
\_\_\_\_Excellent      \_\_\_\_Good      \_\_\_\_Poor  
Comment on reasons if you checked "poor".

Date of last physical examination: \_\_\_\_\_

6. List any known allergies:

**Your current situation:**

1. Are you able to effectively handle the normal tasks of daily living? Yes\_\_\_\_ No\_\_\_\_  
If you checked "no", which tasks present the biggest challenge?
2. Are you facing any legal problems? Yes No (*circle one*)  
If you circled "yes" please briefly describe:
3. What are your interests, activities and hobbies?
4. Describe your friendships.

5. Describe your current and past use of drugs and abuse of alcohol.
  
6. Are you experiencing any financial problems? Yes\_\_\_\_\_ No\_\_\_\_\_ If you checked "no", please briefly describe:
  
7. Are you employed? Full- or part-time, type of work, etc.
  
8. Describe your housing / living situation.
  
9. What is your level of education and your chosen vocation? Do you have any specialized training?

**Religious / Spiritual Practices:**

1. What is your religious / church affiliation?
  
2. How would you describe your spiritual practices in your life?
  
3. What do you do in your life that is especially enjoyable?
  
4. What are ways you handle stressful events in your life?

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Thank you for taking the time to answer these questions. Please bring this information with you to your first counseling session. The information you provide will be kept confidential unless you provided written consent to release it.

1/5/12